



CONSULTATION QUESTIONNAIRE

Thank you for visiting with us today. Our desire is to make the time you spend with us productive and informative. We believe that a successful experience begins with our understanding your expectations. Our goal is to ensure that your entire experience is the best, from your pre-operative teaching through your recovery, to your desired results. As a team, we believe that a success in cosmetic surgery is when you can say that you feel different about yourself.

To help us understand your expectations please provide answers to the following questions:

Name: _____ **Date:** _____
(First) (Last)

1) Why have you decided to have cosmetic surgery at this time in your life?

- Financially I can afford to now Completed my family
 Special occasion (reunion or anniversary) Reaching a birthday milestone
 Feel I am getting older I am on my own (divorced or separated)

Other: _____

2) How long have you thought about making a change?

- Years Last few months Other _____

3) What is your frustration (with your body or face)?

- I look older than I feel Body not proportional I don't feel attractive

Other: _____

4) Have you had any other procedures or treatments that made your frustrations less (such as injections, diet, or medications)?

- Botox Facial injections (filler)
 Personal Trainer Diets
 Special medications or herbals (including diet pills)

Other: _____

If so, were you happy with the results?



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5) **What procedure(s) are you considering?** (circle all that apply)

Breast Augmentation	Breast Reduction	Breast Lift	Tummy Tuck
Liposuction	Facelift	Rhinoplasty	Eyelid or Browlift
Botox	Juvederm	Radiesse	Restylane

Other: _____

6) **Have you had any other cosmetic procedure(s) (or injections)?** (circle all that apply)

Breast Augmentation	Breast Reduction	Breast Lift	Tummy Tuck
Liposuction	Facelift	Rhinoplasty	Eyelid or Browlift
Botox	Juvederm	Radiesse	Restylane

Other: _____

If so, was it a positive experience?

7) **How did you hear about our practice?** (circle all that apply)

Internet Radio Friend Physician Other

8) **Have you seen our practice website?**

___ Yes (if yes, how did you find it?) ___ No

Google Search Radio Friend Physician Other Website

9) **Is there any additional information that you would like to see on the website?**

10) **What are your fears or anxieties about having a cosmetic procedure?**

___ I will look too different ___ Recovery will be too painful ___ Won't be able to hide the scars
___ Cost more than I can afford ___ No one to take care of me ___ Spouse/partner not supportive

Other: _____



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11) Please complete the sentence, "From this experience, I want..."

12) Please write down any specific questions you want to ask at the consultation?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Three key questions that must be answered before you should consider any procedure:

1. What is this procedure?
2. Is it right for me?
3. Why is Dr. Ditesheim the best for me?

Thank you for investing your time with us. We are here to help you feel like...
"This was the best thing I ever did!"